

Questions and Answers Regarding COVID-19 Vaccine in Long-term Care Facilities

Process Questions

1) What long-term care facility (LTCF) types are eligible for the vaccine through the federal Pharmacy Partnership? What about facilities for individuals with intellectual disabilities and homecare and hospice workers who provide care in a LTCF?

Nursing, skilled nursing, and assisted living facilities are eligible to receive the vaccine through the Pharmacy Partnership in Phase 1 of the vaccine distribution plan. Intermediate care facilities for individuals with intellectual disabilities, long-term acute care hospitals, and independent living facilities co-located with previously mentioned facilities are also eligible. In addition to the big chain pharmacy partners (CVS, Walgreens), Community Nursing Services (CNS) and other local pharmacy partners are also involved in providing the vaccine to LTCFs during Phase 1 of distribution. Homecare and hospice workers will be vaccinated when they are offered to non-hospital healthcare workers in Phase 1. Local health departments (LHD) are responsible for non-hospital healthcare workers and may distribute some of their vaccine allotment to other vaccination partners like CNS. Ongoing prioritization efforts are underway to address other congregate long-term care settings, such as group homes and freestanding independent living facilities.

2) Which vaccine products will be used?

To date, only the Pfizer and Moderna vaccines have received Emergency Use Authorization (EUA). CVS and Walgreens will begin with the Pfizer vaccine because they have ultra-cold storage capabilities. CNS will begin with the Moderna vaccine.

3) When will the vaccine come to LTCFs? How does scheduling work?

Facilities who previously signed up for the Pharmacy Partnership, will be contacted by a representative of the Pharmacy Partnership to schedule a day and time for the first vaccine clinic at their facility. Nursing and skilled nursing facilities using CVS or Walgreens are scheduled to start on December 28, 2020. Assisted living facilities using CVS or Walgreens are scheduled to start on January 4, 2021. CNS will likely begin to reach assisted living facilities prior to January 4, 2021 because of the use of a different vaccine product.

4) What does phasing look like?

A sufficient supply of the vaccine should be allocated for all residents and staff in eligible facility types. The State of Utah will be receiving 25% of its LTCF allocation weekly over a 4-week span. Pharmacy partners (CVS and Walgreens) will complete the first dose of the vaccine in all LTCFs within 2-4 weeks of the start date. The second dose as well as the first dose to all new residents and staff and anyone that was missed during the first on-site clinic will be offered during a second on-site clinic. Finally, a third on-site clinic will provide the second dose to anyone who received their first dose during the second clinic. It is anticipated that partners will only complete three on-site clinics spaced 3-4 weeks apart. For CNS and other local pharmacy partners, the three-clinic model is recommended, but more flexibility may be possible to achieve the highest levels of vaccination possible.

5) Who do we contact if we haven't signed up for the COVID-19 vaccine through the Pharmacy Partnership?

Facilities who have not signed up for the Pharmacy Partnership will be referred to CNS. Please contact the CNS Immunization Program Director, Cory Fowlks, MPH, RN, for more information. Email: Cory.Fowlks@cns-cares.org. Office: (801) 410-8091. Cell: (385) 707-3298.

6) What if we haven't been contacted by our pharmacy partner?

CVS

For any scheduling questions, please email: CovidVaccineClinicsLTCF@CVSHealth.com. Include the word "CONTACT" in subject line. In email body, include facility name and address and facility point of contact: name and contact information.

COVID-19 Vaccination Clinic Scheduling Process:

- CVS will send at least two emails regarding your facility clinic dates/times. These clinic emails will come from no-reply@CVSHealth.com. Please check spam/junk folders.
- Once you have received your clinic dates/times, a CVS health representative will call from 1-800-SHOP-CVS (1-800-746-7287).
- If you are waiting for CVS COVID Center to call to confirm your date, please call 1-833-968-1756.
- After the clinics are verbally confirmed by a CVS health representative, the primary contact will receive a confirmation email from CVS.

Visit the vaccine clinic homepage and update the facility contact information:

<https://www.omnicare.com/covid-19-vaccine-resource>.

Walgreens

Contact Heidi Hannaman

Email: heidi.hannaman@walgreens.com

Cell: (916) 337-0626

7) How do we avoid exacerbating staffing challenges? Should we vaccinate a subset of staff in the first vaccine clinic? What about residents?

Staggering staff to receive first doses at the first and second vaccine clinic while vaccinating as many residents as possible in first clinic is recommended. New staff and residents can also be vaccinated during the second vaccine clinic. It is also appropriate to bring discharged residents back to your facility to receive their second dose during the second or third clinic.

8) How will new staff and residents be vaccinated once the three on-site clinics through the pharmacy partnership are complete?

New staff can be vaccinated by LHDs and pharmacies once vaccinations are open to non-facility-based healthcare workers. Facilities may also choose to continue to work with the pharmacy that provided their on-site clinics or work with a pharmacy provider of their choice. Depending on vaccine supply, facilities may want to work with local hospitals to ensure residents have received their first dose before being discharged. Facilities may ask new admissions from the community to get vaccinated before admission.¹

9) How will residents receive vaccinations after Wave 2 of Phase 1? Should hospitals vaccinate residents prior to discharge?

Some hospitals can offer vaccination prior to discharge and bring the resident back to an outpatient clinic for the second dose. If vaccine product match is assured with another source (e.g., local health department), the first dose could be given before discharge.

10) Will we have long-term care specific information at the facility level on the vaccine surveillance dashboard in real-time?

We have created a dashboard to monitor vaccine uptake rates in LTCFs in close to real time. We will need your help to make this work. Please fill out the Long-Term Care Facility Vaccination Session Form that will be emailed to you following each vaccination clinic. Include how many staff and residents (including those returning for a second dose) are in your facility as well as how many were vaccinated with each dose that specific day.

11) Who performs the vaccinations? Who reports to the state and federal vaccine registry? Will LTCFs need to contribute their own staff to the vaccination effort?

The Pharmacy Partnership will provide a team of healthcare providers who will come to the facility to administer the vaccine and report vaccine administration. LTCFs will not

be required to contribute staff to vaccine administration and reporting, however, facility staff may be required to support monitoring for 15 minutes following the dose for signs and symptoms of anaphylaxis. We are also requesting each facility report the number of current staff and residents in their building as well as those who received each dose of the vaccine during each day of the clinic.

12) How do we prepare in advance for vaccine clinics?

Designate an on-site coordinator to communicate directly with your local vaccine partner point of contact. Gather demographic information, allergies, health conditions and insurance information for vaccine recipients. Obtain consents to be vaccinated prior to clinic. Prepare Vaccine Administration Records (VAR) for each recipient who consents to the vaccine.

13) What infection prevention and control (IPC) practices will be in place for the on-site vaccine clinics? Will screening testing be required at the same frequency as other contracted employees (e.g., according to county % positivity rates)? What about personal protective equipment (PPE)? Who is responsible for providing the necessary PPE?

Make a plan for receiving the vaccine partner. Use well-ventilated spaces to separately support COVID-19 and non-COVID-19 staff. Space should be of sufficient size to allow physical distancing of staff. Room-to-room vaccination for resident vaccinations are preferred with a rolling cart for supplies and facility personnel available to support the vaccine partner. Determine if the vaccine partner will provide their own PPE. Verify with your vaccine partner that symptom screening and screening testing are being performed in accordance with current requirements.

14) Can immunocompromised people be vaccinated? Who should we exclude from vaccinations?

It is recommended for those who are immunocompromised to receive the vaccine as they are often the ones who can have severe outcomes if they become infected with COVID-19. Those with severe allergies (i.e., those who carry an EpiPen due to their allergies) should not take the vaccine due to possibility of anaphylactic reaction. Vaccinations are also not recommended for those with active cases of COVID-19. The vaccine should only be given after discontinuation of transmission-based precautions in accordance with Centers of Disease Control and Prevention (CDC) recommendations.

15) Will we be able to proceed with a vaccine clinic during an outbreak? Will vaccinations be provided to those currently infected with COVID-19? How long after a staff member or resident tests positive can we vaccinate? Will vaccinations be provided to exposed staff and residents on quarantine?

All vaccine partners are preparing to safely administer vaccines on-site during an outbreak. For persons with a potential exposure, the vaccine should be given if COVID-

19 is not suspected, including if testing is pending. One approach could be vaccinating those who were quarantined during the first clinic at the second and third vaccine clinic held in the facility.

16) When should those treated with monoclonal antibodies or convalescent plasma get the vaccine?

Vaccination should be deferred for at least 90 days after administration of monoclonal antibodies or convalescent plasma.

17) Will there be any vaccine mandates? Is the Centers for Medicare and Medicaid Services (CMS) mandating residents to be vaccinated with COVID-19 vaccine?

Federal and state governments cannot mandate a vaccine with an EUA. Mandates can be a condition of employment in the private sector. CMS is not mandating residents be vaccinated. Please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs.¹

18) Is it guaranteed that people who get the first dose will have access to the second dose?

Steps are being taken to ensure that an appropriate amount of vaccine by supplier type is held in reserve for the second dose of the COVID-19 vaccine.

19) How do I report it if I have a problem or bad reaction after getting a COVID-19 vaccine?

CDC and FDA (Food and Drug Administration) encourage the public to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS). This national system collects these data to look for adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns of occurrence. Healthcare providers will be required to report certain adverse events following vaccination to VAERS. Healthcare providers must also adhere to any revised safety reporting requirements according to FDA's conditions of authorized use throughout the duration of any EUA; these requirements would be posted on FDA's website.⁵ CDC is also implementing a new smartphone-based tool called V-Safe to check-in on people's health after they receive a COVID-19 vaccine. When you receive your vaccine, you should also receive a V-Safe information sheet telling you how to enroll in V-Safe. If you enroll, you will receive regular text messages directing you to surveys where you can report any problems or adverse reactions you have after receiving a COVID-19 vaccine.¹

20) Can we stop screening testing?

We still do not know if the vaccine prevents asymptomatic COVID-19 cases. Ongoing screening testing is an important step to help us understand if this is an issue. We

anticipate the need for screening testing to diminish over time. CMS has made no changes to screening and outbreak testing rules.

21) Can we stop quarantining new resident who are vaccinated?

CDC will be examining the impact of widespread vaccination in LTCFs and consider changes to their recommendation for a 14-day quarantine on admission of new residents. No changes are recommended until we have more experience.

22) Can we open up to more visitation?

It will be some time before we achieve community-wide herd immunity thresholds that allow safe visitation without the current precautions we have in place.

23) Who will pay for vaccine administration? Will residents and staff be charged for the vaccine?

People who receive the vaccine will not be charged for the vaccine regardless of insurance. The federal government will provide the vaccine, and the healthcare providers who administer the vaccine will be reimbursed by the patient's insurance or, in the case of uninsured patients, the Health Resources and Services Administration (HRSA) program for uninsured patients, for the administration of the vaccine. CMS and Utah Medicaid established reimbursement rates for administration of the vaccine for patients covered by Medicare and Medicaid as well as those covered by the program for the uninsured.

Education Questions

1) Why should I get vaccinated?

Get vaccinated to protect yourself and your family and to keep your residents safe. Help stop the spread in the community and to set the example for others, including residents, families, co-workers, and the community-at-large.

2) Can you get COVID-19 from the vaccine?

The COVID-19 vaccine does not contain COVID-19 virus and you cannot get the virus from the vaccine. You can expect to have short-term discomfort such as fatigue, headache, muscle pain, chills, fever and pain at injection site. This means your body is doing its job and making antibodies. It does not mean that you got COVID-19 from the vaccine.

3) How effective are the COVID-19 vaccines?

Overall, the Pfizer vaccine is 95% protective against disease. For the Moderna vaccine, the overall efficacy is 94.1% protective against disease. This result was similar across all

race, ethnicity and age groups, except children, who have not yet been included in vaccine trials.

4) How does the mRNA vaccine work? Can mRNA change my DNA?

The mRNA vaccine cannot change your DNA. mRNA technology instructs our cells to make a harmless piece that looks like the “spike protein.” The spike protein is found on the surface of the COVID-19 virus. Our bodies recognize that this protein should not be there, so they build antibodies that will remember how to fight the virus that causes COVID-19.

5) Is a Vaccine Information Sheet (VIS) available yet?

The COVID-19 vaccine has a fact sheet that is similar in purpose and content to the vaccine information statements (VIS) for licensed vaccines, but differs in that the EUA fact sheet is specific to each authorized COVID-19 vaccine, is developed by the manufacturer of the vaccine, and is authorized by the FDA.⁴ For more information please visit: <https://www.cdc.gov/vaccines/covid-19/eua/index.html>.

6) What are some of the common side effects of the COVID-19 vaccine? How do I know if I have COVID-19 or if my symptoms are from the vaccine?

Systemic signs and symptoms such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination, resolve within 1-2 days of onset, and are more frequent and severe following the second dose and among younger persons compared to those who are older (<55 years). Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are not consistent with post-vaccination symptoms, and may instead be symptoms of COVID-19 or another infection.²

7) Do I have to have two doses of the vaccine, isn't one enough? Do I have to get the same vaccine for the second dose?

Yes, you need the second dose of the vaccine to be protected. If you received a Pfizer vaccine for your first dose, your second dose must be Pfizer to mount the proper immune response for the vaccine to work. The same goes for Moderna.

8) Are COVID-19 vaccines safe even though they were produced so quickly?

Safety is the most important priority in vaccine approval. To assess safety, the FDA typically advises that a minimum of 3,000 participants are included in the trial. The current COVID-19 vaccine trials include 30,000 to 50,000 participants. No steps were “skipped.” The FDA used the same strict standards that it has for decades. Monitoring for safety will continue as the vaccine is distributed to the public.

9) What is EUA?

Emergency Use Authorization (EUA) for a vaccine is based on the need to use a vaccine quickly to save lives during a public health emergency. An EUA does not imply that the authorization was done too quickly or that the vaccine is not safe.

10) How was the vaccine developed so quickly?

For most vaccines, clinical trials are performed first and then production starts after the trials prove the vaccine to be effective. Because the government and other entities were able to provide funding, resources, technology and manpower, production was performed at the same time as the clinical trials cutting the amount of time to make a vaccine substantially.

11) When and how long will I be protected by the COVID-19 vaccine?

Both the Pfizer and Moderna vaccines require two doses, 3-4 weeks apart. Protection occurs 1-2 weeks after the second dose. We will not know how long a vaccine these vaccines will be protective until more time passes in the current research. The COVID-19 vaccines may need to be administered on a regular basis, like the flu shot.

12) Will I still need to wear a mask and other personal protective equipment (PPE)?

Yes, similar to other vaccines, a large number of people in the community need to get vaccinated before transmission drops enough to stop the use of PPE. Because testing was performed only when vaccine trial recipients experienced symptoms, it is possible someone who has been vaccinated can develop an asymptomatic case of COVID-19 and unknowingly infect others. As widespread vaccination occurs this question will be resolved, but for the time being universal masking remains the strongest recommendation for preventing the spread of COVID-19.

References

1. <https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships-faqs.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>
4. <https://www.cdc.gov/vaccines/hcp/vis/index.html>
5. <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>